

# STORY COUNTY SHERIFF'S OFFICE

Paul H. Fitzgerald, Sheriff

## Junior Citizen's Academy Application

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. M or F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you been arrested for any offense other than traffic? Yes ( ) No ( )

If yes, what was the offense? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

**On the reverse side of this application, indicate in 500 words or less, why you would like to attend the Junior Citizen's Academy.**

Will you be able to attend all sessions: Yes ( ) No ( )

Please circle the shirt size you wear: S M L XL XXL  
(Shirts are 100% cotton)

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Junior Citizen's Academy.

\_\_\_\_\_  
Signature of applicant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date: \_\_\_\_\_

Return to:  
Story County Sheriff's Office  
P.O. Box 265  
1315 South B Avenue  
Nevada, IA 50201

Paul H. Fitzgerald, Sheriff

**Indicate in 500 words or less, why you would like to attend the Junior Citizen's Academy.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# STORY COUNTY SHERIFF'S OFFICE

**Paul H. Fitzgerald, Sheriff**

## JUNIOR CITIZEN'S ACADEMY

### JUVENILE WAIVER

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the Junior Citizen's Academy. I understand that there may be certain risks of injury inherent in the activities in which my child will participate, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in the Junior Citizen's Academy and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Story County Sheriff's Office and Story County, Iowa, its officers, deputies, employees, agents, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in Junior Citizen's Academy and activities incidental thereto, whether the result of negligence or any other cause.

My child has the following physical or mental disabilities or infirmities that would restrict his/her full participation (if none, please write "none"):

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Name of child (please print) \_\_\_\_\_ Child's age \_\_\_\_\_

Name of parent or legal guardian (printed) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Complete address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name(s) and Telephone Number(s): \_\_\_\_\_

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X \_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date signed